Case 20-203-039990 oc 128-125-2File File File 10.03/1207/20 Ent Dress t 10.11.60/3/120 dulm 45-151 Palges t 5 k 4 ibit A - IRS Proof of Claim Page 1 of 4

Fill in this information to identify the case:						
Debtor 1 DIRASHA M. JACKSON						
Debtor 2 (Spouse, if filing)						
United States Bankruptcy Court for the: NORTHERN District of ILLINOIS						
Case number20-13099						

Official Form 410

Proof of Claim 04/19

Read the instructions before filling out this form. This form is for making a claim for payment in a bankruptcy case. Do not use this form to make a request for payment of an administrative expense. Make such a request according to 11 U.S.C. § 503.

Filers must leave out or redact information that is entitled to privacy on this form or on any attached documents. Attach redacted copies of any documents that support the claim, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, judgments, mortgages, and security agreements. Do not send original documents; they may be destroyed after scanning. If the documents are not available, explain in an attachment.

A person who files a fraudulent claim could be fined up to \$500,000, imprisoned for up to 5 years, or both. 18 U.S.C. §§ 152, 157, and 3571.

Fill in all the information about the claim as of the date the case was filed. That date is on the notice of bankruptcy (Form 309) that you received.

P	art 1: Identify the Cl	aim							
1.	Who is the current creditor?	Department of Treasury - Internal Revenue Service Name of the current creditor (the person or entity to be paid for this claim) Other names the creditor used with the debtor							
2.	Has this claim been acquired from someone else?	X No Yes. From whom?							
3.	Where should notices and payments to the	Where should notices to the creditor be sent?			Where should payments to the creditor be sent? (if different)				
	creditor be sent?	Internal Revenue Service	;		Internal Revenue Service				
	Federal Rule of Bankruptcy Procedure	Name			Name				
	(FRBP) 2002(g)	P.O. Box 7346			P.O. Box 7317				
		Number Street			Number Street				
		Philadelphia City State	PA	19101-7346 ZIP Code	Philadelphia City State	PA	19101-7317 ZIP Code		
		•		ZIP Code	•		ZIP Code		
		Contact phone1-800-973-0424			Contact phone	1-800-973-0424			
					Contact email				
		Creditor Number: 2891400)7						
		Uniform claim identifier for electronic payments in chapter 13 (if you use one):							
4.	Does this claim amend one already filed?	No X Yes. Claim number of	n court claims r	egistry (if known)	5	Filed on 0	9/11/2020 M / DD / YYYY		
5.	Do you know if anyone else has filed a proof of claim for this claim?	X No Yes. Who made the e	earlier filing? _						

Official Form 410 Proof of Claim page 1

Casa 20-2030 990 0 C 1280 25-2 File Fill 121 1/0 13 1/207 / 20 Ent 1203 1/203 / 1200 dulm 45 n 5 1 Paloges 2 Ef k 4 ibit A - IRS Proof of Claim Page 2 of 4

:	art 2: Give Information	on About the Claim as of the Date the Case Was Filed						
6.	Do you have any number you use to identify the debtor?	No Yes. Last 4 digits of the debtor's account or any number you use to identify the debtor: See Attachment						
7.	How much is the claim?	\$ Does this amount include interest or other charges? No Yes. Attach statement itemizing interest, fees, expenses, or other charges required by Bankruptcy Rule 3001(c)(2)(A).						
8.	What is the basis of the claim?	Examples: Goods sold, money loaned, lease, services performed, personal injury or wrongful death, or credit card. Attach redacted copies of any documents supporting the claim required by Bankruptcy Rule 3001(c). Limit disclosing information that is entitled to privacy, such as health care information. Taxes						
9.	Is all or part of the claim secured?	Yes. The claim is secured by a lien on property. Nature of property: Real estate. If the claim is secured by the debtor's principal residence, file a Mortgage Proof of Claim Attachment (Official Form 410-A) with this Proof of Claim. Motor vehicle Other. Describe: *All of debtor(s) right, title and interest to property - 26 U.S.C. §6321. Basis for perfection: Attach redacted copies of documents, if any, that show evidence of perfection of a security interest (for example, a mortgage, lien, certificate of title, financing statement, or other document that shows the lien has been filed or recorded.)						
		Value of property: \$						
		Amount of the claim that is secured: \$						
		Amount of the claim that is unsecured: \$ (The sum of the secured and unsecured amounts should match the amount in line 7.)						
		Amount necessary to cure any default as of the date of the petition: \$						
		Annual Interest Rate (when case was filed)% Fixed Variable						
10	. Is this claim based on a lease?	X No Yes. Amount necessary to cure any default as of the date of the petition. \$						
11	. Is this claim subject to a right of setoff?	No X Yes. Identify the property: See Attachment						

Official Form 410 Proof of Claim page 2

Casa 20-203-09990 o Clara 25-2File Fille 10/013//207/20 Ent Dress 11/1/203//200 d Lin 45:n 51 Palges 8 Ef K 4 ibit A - IRS Proof of Claim Page 3 of 4

12. Is all or part of the claim	No							
entitled to priority under 11 U.S.C. § 507(a)?	XYes. Check one:					Amount entitled to priority		
A claim may be partly priority and partly		Domestic support obligations (including alimony and child support) under \$						
nonpriority. For example, in some categories, the law limits the amount entitled to priority.		Up to \$3,025* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use. 11 U.S.C. § 507(a)(7).						
	Wages bankru 11 U.S.	\$						
	X Taxes of	\$						
	Contrib	\$						
	Other.	Other. Specify subsection of 11 U.S.C. § 507(a)() that applies.						
	* Amounts	are subject to adjustment on 4/01/22	and every 3 years after	that for cases	begun on or afte	er the date of adjustment.		
Part 3: Sign Below								
The person completing	Check the appro	opriate box:						
this proof of claim must sign and date it.	X I am the creditor.							
FRBP 9011(b).	I am the creditor's attorney or authorized agent.							
If you file this claim	I am the trustee, or the debtor, or their authorized agent. Bankruptcy Rule 3004.							
electronically, FRBP 5005(a)(2) authorizes courts	I am a guarantor, surety, endorser, or other codebtor. Bankruptcy Rule 3005.							
to establish local rules								
specifying what a signature is.	I understand that an authorized signature on this <i>Proof of Claim</i> serves as an acknowledgment that when calculating the							
	amount of the claim, the creditor gave the debtor credit for any payments received toward the debt.							
A person who files a fraudulent claim could be fined up to \$500,000, imprisoned for up to 5	I have examined the information in this <i>Proof of Claim</i> and have a reasonable belief that the information is true and correct.							
years, or both. 18 U.S.C. §§ 152, 157, and	I declare under penalty of perjury that the foregoing is true and correct.							
3571.	Executed on da	te 10/07/2020 MM / DD / YYYY						
	/e/LVNDA M I	ΛΤ7						
	/s/LYNDA M LATZ Signature							
	Print the name	of the person who is complet	ing and signing this	claim:				
	Name	LYNDA M			LATZ			
	Name	First name	Middle name		Last name			
	Title	Bankruptcy Specialist			 			
	Company	Internal Revenue Service						
	. ,	Identify the corporate servicer as	the company if the author	orized agent is	s a servicer.			
	Address	211 W. Wisconsin 5301 MIL						
	Audi 699	Number Street						
		Milwaukee		WI	53203			
		City		State	ZIP Code			
	Contact phone	(414) 231-2330		Email	lynda.m.lat	tz@irs.gov		

Official Form 410 Proof of Claim page 3

Proof of Claim for Internal Revenue Taxes

Form 410 Attachment

Department of the Treasury/Internal Revenue Service

In the Matter of: DIRASHA M. JACKSON 7516 S. LAFAYETTE

7516 S. LAFAYETTE CHICAGO, IL 60620 Case Number 20-13099

Type of Bankruptcy Case
CHAPTER 13

Date of Petition 06/29/2020

Amendment No. 3 to Proof of Claim dated 09/11/2020

The United States has the right of setoff or counterclaim. However, this determination is based on available data and is not intended to waive any right to setoff against this claim debts owed to this debtor by this or any other federal agency. All rights and is of setoff are preserved and will be asserted to the extent lawful.

This claim supersedes all previously filed claims.

Unsecured Priority Claims		under section 507(a)(8) of the Bankruptcy Code				
Taxpayer ID Number	Kind of Tax	Tax Period	Date Tax Assessed	Tax Due	Interest to Petition Date	
XXX-XX-3657	INCOME	12/31/2019	1 4-PER RECORDS/DEBTOR	\$797.00	\$58.55	
XXX-XX-3657	INCOME	12/31/2016	02/12/2018	\$823.00	\$142.65	
XXX-XX-3657	INCOME	12/31/2017	2 1-ESTIMATED-SEE NOTE	\$242.00	\$0.00	
XXX-XX-3657	INCOME	12/31/2018	06/03/2019	\$574.00	\$36.98	
				\$2,436.00	\$238.18	

Total Amount of Unsecured Priority Claims:

\$2,674.18

Unsecured General Claims								
Taxpayer ID								
Number	Kind of Tax	Tax Period	Date Tax Assessed	Tax Due	Interest to Petition Date			
XXX-XX-3657	INCOME	12/31/2015	05/15/2017	\$1,946.00	\$444.45			
				\$1,946.00	\$444.45			

Penalty to date of petition on unsecured priority claims (including interest thereon) \$79.31 Penalty to date of petition on unsecured general claims (including interest thereon) \$177.04

Total Amount of Unsecured General Claims:

\$2.646.80

¹ INFORMATION FROM DEBTOR OR RETURN RECEIVED THAT IS NOT YET ASSESSED. THIS CLAIM MAY BE AMENDED AS NECESSARY UPON ASSESSMENT OF THE LIABILITY OR EXAMINATION OF DEBTOR TAX RETURN 2 LIABILITY IS ESTIMATED BASED ON AVAILABLE INFORMATION BECAUSE THE RETURN HAS NOT BEEN FILED. THIS CLAIM MAY BE AMENDED AS NECESSARY AFTER THE DEBTOR FILES THE RETURN OR PROVIDES OTHER REQUIRED INFORMATION.